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Health insurance companies' refusal to cover people with pre-existing conditions makes perfect sense to Richard Hannon.

Insuring someone who's already sick is like selling a warranty after the car breaks, the Blue Cross/Blue Shield senior vice president said. But to advance reform, his industry is willing to cover those people, as long as every American is required to buy insurance.

That worries Tom Sadvary.

"What happens to the quality of care when 45 million (previously uninsured) people need a primary-care doctor?" the Scottsdale Healthcare CEO said.

He knows the uninsured use the emergency room, an expensive way to get routine care.

"If the way is to insure people so they get the right care at the right time, I'm all for that," Sadvary said. "But I don't want it to stress the rest of the system."

The exchange was a reminder that political differences aren't the only hurdles facing health-care reform. There's also the difficult matter of finding something that works.

Hannon and Sadvary were part of a panel discussion sponsored by the Scottsdale Area Chamber of Commerce. They were joined by Rep. Harry Mitchell, D-Ariz, and Mayo Clinic CEO Victor Trasek.

They didn't waste time on political posturing. There was no shouting. The four and their audience were interested in what would work -- or wouldn't.

Sadvary is skeptical about predicted costs. He recalled the cost of Medicare in 1990 was 10 times higher than predictions in 1976. So when he hears estimates that healthcare reform will cost \$1 trillion over a decade, "I get really nervous."

Trastek said personal responsibility must be part of the equation.

"This country needs to come to grips that prevention and your behavior is part of the equation," he said.

The panelists agreed that Medicare is not the model for reform.

"Medicare is unsustainable," Trastek said. "We have an aging population. We're living longer. There is no control on utilization."

"Controlling utilization" makes reform critics nervous and led to the myth of "death panels." But Trastek is on target. To keep insurance affordable requires controls on usage. After this summer's protests, Congress will be reluctant to insist on it.

The audience's questions matched the most commonly asked ones:

*Why isn't tort reform part of the bill?* Mitchell and Sadvary said it should be. Trastek said the bigger problem is that hospitals can't share information about "bad events" so others can learn from them.

*Can anyone name a government program that did not have costs spiral out of control?* "That's

one reason I don't want government to take over the health-care system," Mitchell replied.

*Would we have better results with individuals making decisions opposed to a government-run plan?* Yes, Mitchell said.

Sadvary returned to the idea of requiring insurance.

"If I have an individual mandate to buy health insurance and I don't do it, then later I present myself to the emergency room, I'm going to get care," Sadvary said.

The better option is to give people incentives, something tried by Indiana's Medicaid program, Sadvary said. A woman who gets a mammogram, for instance, has a credit added to a debit card to spend however she likes.

"I'm not totally sold on that approach, but incentivizing people to take preventive measures and get insurance should be considered," he said.

It's an intriguing idea. Could it get through the political process without being shouted down? If every discussion were as reasoned as this panel discussion, it would have a chance. But in politics, emotion often prevails.